

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 736032

1. Entity Name
TRUE VINE CHURCH OF GOD IN CHRIST, INC.



Principal Place of Business
**408 NW 1ST TERR
DEERFIELD, FL 33411**

Mailing Address
**408 NW 1ST TERR
DEERFIELD, FL 33411**

DO NOT WRITE IN THIS SPACE



06212006 No Chg-NP CR2E037 (4/06)

4. FEI Number 05-0309400	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NEWBOLD, ANTHONY L
5664 NW 101ST DR
CORAL SPGS, FL 33076**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TOLLIVER, MATTIE
299 SW 3 AVE
DEERFIELD BEACH, FL 33441**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
DUBLIN, GEORGIA
301 SW 12TH AVE
DELRAY BEACH, FL 33444**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
NEWBOLD, ANTHONY
5664 NW 101 DRIVE
CORAL SPRINGS, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DUBLIN, WILLIE E
301 SW 12TH AVENUE
DELRAY BCH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SIMMONS, LOUISE
535 AUBURN CIR E, APT C
DELRAY BEACH, FL 33444**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000567866
07/03/06-80003-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY L. NEWBOLD

6/24/06 954-345-9386
Date Daytime Phone #